

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	h e		1/28/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	22	811	9/6/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

(in rough numeral) ... Canceled  
 + ... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1-14-00
2	✓	✓	1-14-00
3	✓	✓	1-14-00
4	✓	✓	1-14-00
5	✓	✓	1-14-00
6	✓	✓	1-14-00
7	✓	✓	1-14-00
8	✓	✓	1-14-00
9	✓	✓	1-14-00
10	✓	✓	1-14-00
11	✓	✓	1-14-00
12	✓	✓	1-14-00
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28	✓	✓	1-14-00
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31	✓	✓	1-14-00
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48	✓	✓	1-14-00
49	✓	✓	1-14-00
50	✓	✓	1-14-00

Claim	Final	Original	Date
51	✓	✓	1-14-00
52	✓	✓	1-14-00
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98	✓	✓	1-14-00
99	✓	✓	1-14-00
100	✓	✓	1-14-00

Claim	Final	Original	Date
101	✓	✓	1-14-00
102	✓	✓	1-14-00
103	✓	✓	1-14-00
104	✓	✓	1-14-00
105	✓	✓	1-14-00
106	✓	✓	1-14-00
107	✓	✓	1-14-00
108	✓	✓	1-14-00
109	✓	✓	1-14-00
110	✓	✓	1-14-00
111	✓	✓	1-14-00
112	✓	✓	1-14-00
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114	✓	✓	1-14-00
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146	✓	✓	1-14-00
147	✓	✓	1-14-00
148	✓	✓	1-14-00
149	✓	✓	1-14-00
150	✓	✓	1-14-00

If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy